

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Conservative Campaign Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00495010         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>KLIF/KTCK</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2014	
Mailing Address 3090 Olive Street Suite 400		Amount 425	
City Dallas	State TX	Zip Code 75219-7640	Transaction ID : 109178
Purpose of Expenditure 3/3 to 3/4 Radio Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Katrina Pierson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX
Calendar Year-To-Date Per Election for Office Sought		23117	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>KLIF/KTCK</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2014	
Mailing Address 3090 Olive Street Suite 400		Amount 425	
City Dallas	State TX	Zip Code 75219-7640	Transaction ID : 109179
Purpose of Expenditure 3/3 to 3/4 Radio Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Pete Sessions		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX
Calendar Year-To-Date Per Election for Office Sought		5950	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	850.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kelly Lawler

[Electronically Filed]

Date

 MM / DD / YYYY  
 03 / 03 / 2014

Signature